



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
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<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Enrolled Support Coordinators/Case Managers and Service Providers for Individual and Family Developmental Disabilities Services (DD) Waiver

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 5/18/2016

SUBJECT: Notification That Keystone Peer Review Organization (KEPRO) Will No Longer Accept Service Authorization Requests for DD Waiver Services – *Effective July 1, 2016*

The purpose of this memorandum is to notify providers and support coordinators/case managers of DD Waiver services that KEPRO will no longer accept requests for DD waiver services effective July 1, 2016. The DMAS, along with KEPRO, will transition the service authorization functions for the DD waiver to the Department of Behavioral Health and Developmental Services (DBHDS). This transition streamlines access to services which is a goal of the waiver redesign and the My Life, My Community initiatives.

DBHDS Will Honor All Authorizations Issued by KEPRO

When the member has an existing authorization for services, providers do not need to submit a request to DBHDS. When the authorization is due for renewal on or after July 1, 2016, providers must follow DBHDS authorization processes.

KEPRO will Accept Requests for DD Waiver Service Authorization through June 30, 2016

Requests submitted to KEPRO prior to midnight June 30, 2016, will receive a final determination by KEPRO within their standard processing time frames. Providers who submit cases to KEPRO are to wait for the final disposition from KEPRO. **Do not submit a request to DBHDS if it has already been submitted to KEPRO.** After June 30, 2016, KEPRO will not accept any requests for DD Waiver; requests submitted to KEPRO on and after July 1, 2016 will be rejected.

Missing Plans of Care

If a request is received on June 30, 2016 and KEPRO does not have the Plan of Care on file, KEPRO will reject the case and instruct the provider to submit the request to DBHDS.

Pended Cases on June 30, 2016

Requests submitted on June 30, 2016 that require additional information to make a final determination will be pended. Providers will have until **July 15, 2016** to submit the additional information. If the required information is not received at KEPRO by this deadline, KEPRO will process the request with the information they have and make a final determination.

Change Requests to Existing Authorizations: Where to Send the Request

If you have an existing authorization that spans past July 1, 2016 and the change is submitted to KEPRO on or before June 30, 2016, KEPRO will process the request.

If you are requesting a change to existing authorizations on or after July 1, 2016, you must submit the request to DBHDS.

Denials Issued by KEPRO

Provider and member appeals will be handled by KEPRO if the cases are denied by KEPRO. Providers who received a denial from KEPRO shall not resubmit the same request to DBHDS when the case has been appealed, or during the appeal process.

Providers must ensure that the member understands the change in the process for service authorizations. Providers are responsible for answering any questions that the member may have related to the service authorization process.

Service Authorization at DBHDS

DBHDS will accept requests for service authorizations starting July 1, 2016. The DBHDS DD Waiver Unit will conduct several webinars to provide training to DD Waiver case managers on their service authorization process. New Frequently Asked Questions (FAQ) related to the changes will be available on the DBHDS website. Go to: www.dbhds.virginia.gov and click on *Individuals and Families* in the top bar of the page, then click on *Developmental Services*. General inquiries on the DD Waiver should be directed to the DD Waiver Helpline at 804-663-7290 or to Mr. Samuel Piñero, DD Program Manager, at 804-786-2149 or Sam.Pinero@dbhds.virginia.gov.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid

Web Portal, please contact the Xerox State Healthcare Web Portal Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

KEPRO PROVIDER PORTAL

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.